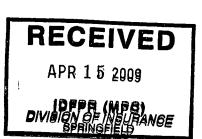
Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		+2.4% 8-1-09	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
8. Boiler and Machinery			
9. Fire			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril		***	
14. Crop Hail	4.004.440	0.40/	
15. Other Worker's Compensation Line of Insurance	4,301,449	+2.4%	
Line of Insulance			
Does filing only apply to certain territory (territ	tories) or certain classes? If so, specify:	applies to all territories/classes	
Brief description of filing. (If filing follows rates	of an advisory organization, specify or	ganization): Law only Fi	
Adopt loss costs per NCCl circular IL-2009-01	effective 8/1/09 for new and renewal p	policies only	
Adjusted to reflect all prior rate changes.			
*Change in Company's premium level which	will result from application of new rates		
		General Insurance Company	
		Name of Company	
	Fawn Du	nbar, Actuarial Analyst	
		Official – Title	





Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	+\$ 8-1-09	
(1)	(2) Annual Premium Volume (Ill <u>inois)*</u>	(3) Percent Change (+ or -)**
<u>Coverage</u>	Volume (minors)	
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage 		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		0.49/
15. Other Worker's Compensation Line of Insurance	50,080,369	+2.4%
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	applies to all territories/classes
Brief description of filing. (If filing follows Adopt loss costs per NCCI circular IL-200	rates of an advisory organization, specify org 09-01 effective 8/1/09 for new and renewal po	anization): Law Only Filing
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.	
	Accident Fund In:	surance Company of America ame of Company
	Fawn Dur	nbar, Actuarial Analyst Official – Title

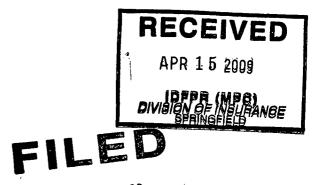
FILED

AUG 0 1 2009



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	+2.4% 8-1-09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril 		
Crop Hail Other Worker's Compensation Line of Insurance	7,777,761	+2.4%
Brief description of filing. (If filing follows r	territories) or certain classes? If so, specify: rates of an advisory organization, specify or 19-01 effective 8/1/09 for new and renewal p	ganization): Law only Filing
Adjusted to reflect all prior rate changes. *Change in Company's premium level wh	nich will result from application of new rates Accident Fund	National Insurance Company lame of Company
	Fawn Du	nbar, Actuarial Analyst Official - Title



AUG 0 1 2009

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
Automobile Liability	(enange (e.)
Private Passenger		
Commercial		
Automobile Physical Damage		_
Private Passenger		
Commercial		
Liability Other than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage Inland Marine	****	
Homeowners		
Commercial Multi-Peril Crop Hail AUG 0 1 2009		
orop rian		
Workers Compensation	\$133,392	+ 2.5%
Other STATE OF ILLINOIS		
Line of Insurance SPRINGFIELD, ILLINOIS		
filing only apply to certain territory (territories) or certain cla	sses? If so, specify	- 1000
NO		
NO		

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

American Automobile Insurance Company

Name of Company,

AN KOVITZ Senior Vice President – Chief Compliance Officer Official — Title

	Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	votamo (minoso)	
1.	Automobile Liability		
	Private Passenger		Market 1997
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	the state of the s	
	Liability Other Than Auto		
	Burglary and Theft		And the second s
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery	**************************************	- Marie Marie
	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$4,868,262	+2.2
	Line of Insurance		
۳1.			
oes IIII No	ng only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
INO			

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

FILED

NOV 0 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Economy Insurance Company

Name of Company

Ein_B. Umuel

Eric B. Ummel Vice President, Commercial Lines Product Management

Official - Title

10 m

FILED

DEC 0 1 2009 SUMMARY SHEET

Form (RF-3)

	Change in	ST. DEPART Company's premium of SPE	ATE OF ILLINOIS MENT OF INSURANCE ision effective	December 1, 2009
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Privat	obile Liability te Passenger		
•		nercial		
2.		obile Physical Damage		
		e Passenger		
•	+ +	nercial		
3.		y Other Than Auto		
4.		ry and Theft		
5.	Glass			
6.	Fidelity	<i>'</i>		
7.	Surety			
8.		and Machinery	-	
9.	Fire	• ~		
10.		ed Coverage		
11.	Inland			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Workers Compensation	\$266,538	+2.6%
		Line of Insurance		
Does f	iling only	apply to certain territory (ter	rritories) or certain classes? If so, specify:	
We a hardy	re adoptir	ng NCCI's April 1, 2009 loss 8010. 1.898 for wholesale cl	rates of an advisory organization, specify of costs adjusted by our loss cost multipliers. lass 8018, 1.812 for Implement Dealers cla	Multipliers are 1.985 for the
* Ac	djusted to	reflect all prior rate changes.		

American Hardware Mutual Ins. Co. Name of Company

Evelyn Bachman, Filing/Manual Coord. Official - Title

** Change in Company's premium level which will result from application of new rates.

FORM RF-3

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
. Automobile Liability		(onango (o.)
Private Passenger			
Commercial			
. Automobile Physical Dam	age		
Private Passenger	-9-		
Commercial			
. Liability Other than Auto			
. Burglary and Theft			
. Glass			
. Fidelity	_		-
. Surety	FILED		
Boiler and Machinery			
. Fire			
. Extended Coverage	-00		
. Inland Marine	AUG 0 1 2009		
. Homeowners	AUG 0 -		
. Commercial Multi-Peril	- ULINOIS NC		
. Crop Hail	STATE OF LINSURANCE		
. Workers Compensation	STATE OF ILLINOIS STATE OF INSURANCE DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS	\$3,190,406	+ 2.5%
Line of Insurance	e spriite		
es filing only apply to certain	n territory (territories) or certain cla	sses? If so, specify	

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

The American Insurance Company

Name of Company

Senior Vice President – Chief Compliance Officer
Official — Title

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Private	oile Liability Passenger		
	Comme	ercial		
2.		oile Physical Damage Passenger		
	Comme	ercial		
3.	Liability	Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler an	nd Machinery		
9.	Fire			
10.	Extended	d Coverage		
11.	Inland M	larine		
12.	Homeow	ners		
13.	Commer	cial Multi-Peril	1.000	
14.	Crop Hai	il		
15.	Other _	Workers Compensation	\$5,150,732	+2.2
		Line of Insurance		
		1		
	nling only a	ipply to certain territory (ter	ritories) or certain classes? If so, specify:	
No				
			rates of an advisory organization, specify	organization): OF EFFECTIVE (
Ado	oting 4-1 - 09	NCCI law only filing effect	ctive 11-1-09. Correction	N OF EFFECTIVE C

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



NOV 0 1 2009

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS American States Insurance Company

Name of Company

Ein-B. Umuel

Eric B. Ummel
Vice President, Commercial Lines
Product Management

Official - Title

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	Voidillo (illillolo)	onango (* or)
Private Passenger		
Commercial		***************************************
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass 6. Fidelity		
o. Huelity		
7. Surety		
8. Boiler and Machinery AUG 0 1 2009		
9. Fire		
0. Extended Coverage		
1. Inland Marine STATE OF ILLINOIS		
2. Homeowners 3. Commercial Multi-Peril DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Workers Compensation	\$49,869	+ 2.5%
6. Other		
Line of Insurance		
es filing only apply to certain territory (territories) or certain cla	sses? If so, specify	
NO		

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Corporation

Name of Company
William 5. Parkovitz
Senior Vice President - Chief Compliance Officer

Official — Title

	/43	(6)	(2)
	(1)	(2)	(3) Percent Change
	O	Annual Premium	rercent Change (+ or -)**
	Coverage	Volume (Illinois)*	(+ Or -)···
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
8. 9.	Fire		
9. 10.	Extended Coverage		
	Inland Marine	<u> </u>	
11.			
12.	Homeowners		
	Commercial Multi-Peril		
13.	C 77 '1		
14.	Crop Hail	61 000 000	0.00/
14. 15.	Worker's Compensation	51,000,000	0.0%
14.	Worker's Compensation Other	51,000,000	0.0%
14. 15.	Worker's Compensation	51,000,000	0.0%
14. 15. 16.	Worker's Compensation Other		
14. 15. 16.	Worker's Compensation Other Line of Insurance		
14. 15. 16.	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor	ies) or certain classes? If so, specify	:
14. 15. 16. Des filing	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filing	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filing	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filingrief desc /e are ac	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filingrief desc /e are ac	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filingrief desc/e are accepted to our description.	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filingrief descede are accepted to our descent descede are accepted adjusted for the following statement of the	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo leviations, the overall impact will be 0.0%. to reflect all prior rate changes. in Company's premium level which	ies) or certain classes? If so, specify of an advisory organization, specify	: organization):
14. 15. 16. Des filingrief descede are accepted to our descent descede are accepted adjusted for the following statement of the	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo	ies) or certain classes? If so, specify of an advisory organization, specify odifying our company specific rate de	organization): eviations.
14. 15. 16. bes filingief descere accepted and diusted Change	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo leviations, the overall impact will be 0.0%. to reflect all prior rate changes. in Company's premium level which	ies) or certain classes? If so, specify of an advisory organization, specify odifying our company specific rate de	organization): eviations.
14. 15. 16. Des filingrief descede are accepted to our descent descede are accepted adjusted for the following statement of the	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo leviations, the overall impact will be 0.0%. to reflect all prior rate changes. in Company's premium level which	ies) or certain classes? If so, specify of an advisory organization, specify odifying our company specific rate de	organization): eviations.
14. 15. 16. Des filingrief descede are accepted to our descent descede are accepted adjusted for the following statement of the	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and modeleviations, the overall impact will be 0.0%. It or reflect all prior rate changes. in Company's premium level which ult from application of new rates.	country Mutual Insurance Country Mame of Company	organization): eviations.
14. 15. 16. Des filingief desceve are accepted to our descent desceve are accepted adjusted accepted to accepte to our descent descen	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and modeleviations, the overall impact will be 0.0%. It or reflect all prior rate changes. in Company's premium level which ult from application of new rates.	ies) or certain classes? If so, specify of an advisory organization, specify odifying our company specific rate de	organization): eviations.
14. 15. 16. bes filingief descere accepted and diusted Change	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and mo leviations, the overall impact will be 0.0%. to reflect all prior rate changes. in Company's premium level which	country Mutual Insurance Country Mame of Company Country Mutual Country Country	organization): eviations.
14. 15. 16. bes filingief descere accepted and diusted Change	Worker's Compensation Other Line of Insurance g only apply to certain territory (territor ription of filing. (If filing follows rates dopting NCCI's 01/01/2009 rates and modeleviations, the overall impact will be 0.0%. It or reflect all prior rate changes. in Company's premium level which ult from application of new rates.	country Mutual Insurance Country Mame of Company	organization): eviations. Company

FORM RF-3

(1) Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage		
Private Passenger Commercial 2. Automobile Physical Damage		Guango (* G.)
Private Passenger Commercial 2. Automobile Physical Damage		
Commercial 2. Automobile Physical Damage		
r rivate rasseriger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass 6. Fidelity	***	

7. Surety		
8. Boiler and Machinery AUG 0 1 2009		
9.1116		
10. Extended Coverage		
11. Inland Marine STATE OF ILLINOIS		
12. Homeowners DEPARTMENT OF INSURANCE 13. Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
to commondation		
14. Crop Hail		. 0 50/
15. Workers Compensation	\$721,884	+ 2.5%
16. OtherLine of Insurance		
Line of mourance		
Dona filing only analysts contain touristany (touristanies) or contain	alanana? If an amanifu	
Does filing only apply to certain territory (territories) or certain		
NO		
Brief description of filing (if filing follows rates of an advisory or	rganization, specify organiza	ition)
Filing to Adopt NCCI's Approved Loss Cost Change	Circulana II 2000 04	-4 II 2000 03

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company

Name of Company

Willinm Struckovitz

Senior Vice President - Chief Compliance Officer

Official — Title

	(1)	level produced by rate revision effective (2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	and the state of t	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	W. W. W. W	4
13.	Commercial Multi-Peril		
14.	Crop Hail	111111111111111111111111111111111111111	- Aller - Alle
15.	Other Workers Compensation	\$3,800,065	+2.4
	Line of Insurance		
D (*1' 1		
No No	nling only apply to certain territory (te	rritories) or certain classes? If so, specify:	
110			
D	Accoming the office (If films follows		ii):
	nescription of filing. (If filing follows of the strength of t	rates of an advisory organization, specify of	OF EFFECTIVE 19th
Auoj	July 4-1-09 NCCI law only filing effe	CUIVE 11-1-09. COTTO E FIRM	or crrecite (191
			······

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

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First National Insurance Company of America

Name of Company

NOV 0 1 2009 Ein B. Ummel

STATE OF ILLINOIS

THENT OF INSURANCE

THE PROPERTY OF ILLINOIS

Eric B. Ummel Vice President, Commercial Lines Product Management

	Change in Company's premium or rate level produced by rate revision effective		11-01-2009	
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1.	Automobile Liability	•		
	Private Passenger Commercial			
2.	Automobile Physical Damage			
2.	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery		- Marie - Mari	
9.	Fire			
10.	Extended Coverage		aria.	
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail	¢1 700 214	+2.2	
15.	Other Workers Compensation Line of Insurance	\$1,780,314	+2.2	
Does No		rritories) or certain classes? If so, specify:		
Brief	description of filing. (If filing follows	rates of an advisory organization, specify of the 11-1-09.	organization): fed Effective Pate	
Add	opting 4-1-09 NCCI law only filing effe	$\mathcal{L}_{\text{IIVE II-I-09}}^{\text{rective II-I-09}}.$	1+α επτησί φαπ	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

General Insurance Company of America

Name of Company

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Ein-B. Ummel

NOV 0 1 2009

STATE OF ILLINOIS
OFFICE OF INSURANCE
OFFICE OFFICE

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

FILED

AUG 0 1 2009

SUMMARY SHEET

	Change in Company's premiu effective <u>August 1, 2009</u>	m or rate level produced	DEPARTMENT OF ILLINOIS by reserving Field, Illinois	
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	_ Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
_	Commercial			
2	Automobile Physical Damag			
	Private Passenger			
_	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	777,704	+11.6%	
	Life of Insurance			
	Does filing only apply to certai Classes? If so, specify:	n territory (territories) or	certain	
	Brief description of filing. (If fil	ing follows rates of an a	dvisory	
	Organization, specify	g iono iro rates or all a	a 1.001 y	
	urrent loss cost and			
	organization): Adopt the NCCI current loss cost an revise the company loss cost multipliers to a single multiplier.			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application rates.				
		Iowa Ameri	can Insurance	
	¥	Na	me of Company	
			arber - Compliance	
			Official – Title	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

FLED

SUMMARY SHEET

AUG 0 1 2009

- -	(1)Coverage	(2) Annual Premium	(3) Percent		
	Automobile Liability Private	Volume (Illinois) *	_ Change (+or-) **		
	Passenger				
	Commercial				
	Automobile Physical Damag	· · · · · · · · · · · · · · · · · · ·			
	Private Passenger				
	Commercial				
	Liability Other Than Auto				
	Burglary and Theft				
	Glass				
	Fidelity				
	Surety				
	Boiler and Machinery Fire				
	Extended Coverage				
	Inland Marine				
	Homeowners				
	Commercial Multi-Peril				
	Crop Hail				
	Other Workers Compensation	3,339,505	+11.6%		
	Life of Insurance				
	Door films only on the court of the first film in the court of the film of the court of the cour				
	Does filing only apply to certain	n territory (territories) or	· certain		
	Classes? If so, specify:	N/A	in and in		
	specify.		LAW only Filin		
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify				
		Adopt the NCCI o	surrent loss cost and		
	organization): revise the company loss cost	multipliers to a sir	ngle multiplier.		
	·				
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new				
	rates.				
			cual Insurance		
	•		ame of Company		
			Barber - Compliance		
			Official – Title		

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)*
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire AUG 0 1 2009		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners STATE OF ILLINOIS		
12. Homeowners 13. Commercial Multi-Peril DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS 14. Crop Hail		
15. Workers Compensation	\$2,961,064	+ 2.5%
16. Other		
Line of Insurance		
oes filing only apply to certain territory (territories) or certain class	ses? If so, specify	
NO		
rief description of filing (if filing follows rates of an advisory organ	ization, specify organiza	ition)

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Name of Company

Name of Company

William S. Pau Kovitz

Senior Vice President - Chief Compliance Officer

Official — Title

RECEIVED

Form (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	to the state of th	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	(222	-27.0%
15.	Other Workers Compensation Line of Insurance	6,232	-27.070
		rritories) or certain classes? If so, specify:	
Tillian.			

** Change in Company's premium level which will result from application of new rates.

AUG 0 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, Sompo Japan Fire & Marine Insurance Company of America

Name of Company

Sheila Barclift, State Filings Mgr. Official - Title

Annual Premium Coverage Volume (Illinois)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine	*
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
Commercial	
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage	
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage	
8. Boiler and Machinery 9. Fire	
9. Fire	
10. Extended Coverage	
2. Homeowners	
13. Commercial Multi-Peril	
14. Crop Hail	
15. Other Workers Compensation 1,791,654 -24.8%	
Line of Insurance	
oes filing only apply to certain territory (territories) or certain classes? If so, specify: Filing applies to all classes.	
Transition from NCCI rates to NCCI Loss Costs; initial submission of LCM; adoption of NCCI Law-Only loss	costs
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	6S

STATE OF ILLINOIS ANCE
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Sheila Barclift, State Filings Mgr.
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	+24% 8-1-09	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail 		
15. Other Worker's Compensation Line of Insurance	51,915,150	+2.4%
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	applies to all territories/classes
Brief description of filing. (If filing follows r Adopt loss costs per NCCI circular IL-200	ates of an advisory organization, specify org 9-01 effective 8/1/09 for new and renewal p	ganization): Law only Filing olicies only.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates.	
		onsin Insurance Company ame of Company
	Fawn Dur	nbar, Actuarial Analyst Official – Title



AUG 0 1 2009

